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# List of current publications

Selected abstracts and titles from recent reports published worldwide are arranged in the following sections:

## Syphilis and other treponematoses

### Gonorrhoea

#### Non-specific genital infection and related disorders

(chlamydial infections; mycoplasmal and

ureaplasma infections; general)

#### Pelvic inflammatory disease

#### Reiter's disease

## Candidiasis

### Genital herpes

### Genital warts

#### Acquired immune deficiency syndrome

#### Other sexually transmitted diseases

#### Genitourinary bacteriology

#### Public health and social aspects

#### Miscellaneous

## Syphilis and other treponematoses

### The perpetual lessons of syphilis

RT ROLFS, W CATES (Atlanta, USA). *Arch Dermatol* 1989;125:107-12.

Sensitivity and specificity of an enzyme-linked immunosorbent assay using the recombinant DNA-derived *Treponema pallidum* protein TmpA for serodiagnosis of syphilis and the potential use of TmpA for assessing the effect of antibiotic therapy

OE USSELMUIDEN, LM SCHOOLS, E STOLZ, *et al* (Rotterdam, The Netherlands). *J Clin Microbiol* 1988;27:152-7.

Central nervous system involvement in early and late syphilis: the problem of asymptomatic neurosyphilis

EC WOLTERS, EAH HISCHE, JA TUTUARIMA (Amsterdam, The Netherlands). *J Neurol Sci* 1988;88:229-40.

The effects of syphilis on endocrine function of the fetoplacental unit

CR PARKER, GD WENDEL (Birmingham, USA). *Am J Obstet Gynecol* 1988;159:1327-31.

Failure of erythromycin to cure secondary syphilis in a patient infected with human immunodeficiency virus

WC DUNCAN (Houston, USA). *Arch Dermatol* 1989;125:82-4.

### Vestibular Jarisch-Herxheimer reaction

T ROSEN, H RUBIN, K ELLNER, J TSCHEN, R COCHRANE (Houston, USA). *Arch Dermatol* 1989;125:77-81.

## Gonorrhoea

Fluorescent monoclonal antibody test for the confirmation of *Neisseria gonorrhoeae*

A MOYES, H YOUNG (Edinburgh, Scotland). *Med Lab Sci* 1989;46:6-10.

Evaluation of a method for rapid detection of penicillinase-producing *Neisseria gonorrhoeae* in urethral exudates

VMA HERVE, AJ GEORGES, M MASSANGA, PMV MARTIN (Bangui, Central African Republic). *J Clin Microbiol* 1989;27:227-8.

Multicenter randomized study of single-dose ofloxacin versus amoxicillin-probenecid for treatment of uncomplicated gonococcal infection

JR BLACK, JM LONG, BE ZWICKL, *et al* (Indianapolis, USA). *Antimicrob Agents Chemother* 1989;33:167-70.

Management of antibiotic-resistant *Neisseria gonorrhoeae*

FN JUDSON (Denver, USA). *Ann Intern Med* 1989;110:5-8.

## Non-specific genital infection and related disorders (chlamydial infections)

Detection of *Chlamydia trachomatis* in culture and urogenital smear by in situ DNA hybridisation using a biotinylated DNA probe

MJM MEDDENS, WGV QUINT, H VAN DER WILLIGEN, *et al* (Delft, The Netherlands). *Molecular and Cellular Probes* 1988;2:261-70.

Mother to child transmission of *Chlamydia trachomatis*

P FRANCOIS, P HIRTZ, D ROUHAN, M FAVIER, B GRATACAP, A BEAUDOING (Grenoble, France). *Presse Médicale* 1989;18:17-20.

Role of *Chlamydia trachomatis* in chronic abacterial prostatitis: study using ultrasound guided biopsy

A DOBLE, BJ THOMAS, MM WALKER, JRW HARRIS, RO WITHEROW, D TAYLOR-ROBINSON (London, England). *J Urol* 1989;141:332-4.

### Chlamydial ascites

RC GUAGENTI, AL BERMAN, NN COHEN (Darby, USA). *Dig Dis Sci* 1989;34:139-41.

## Non-specific genital infection and related disorders (mycoplasmal and ureaplasma infections)

Susceptibility of genital mycoplasmas to the newer quinolones as determined by the agar dilution method

GE KENNY, TM HOOTON, MC ROBERTS, FD CARTWRIGHT, J HOYT (Seattle, USA). *Antimicrob Agents Chemother* 1989;33:103-7.

### Non-specific genital infection and related disorders (general)

#### Case control study of men with suspected idiopathic prostatitis

RE BERGER, JN KRIEGER, D KESSLER, *et al* (Seattle, USA). *J Urol* 1989;141:328-31.

#### Abacterial prostatitis: more about what it isn't but what is it?

DT UEHLING (Wisconsin, USA). *J Urol* 1989;141:367-8.

### Pelvic inflammatory disease

#### Interferon-gamma in the diagnosis and pathogenesis of pelvic inflammatory disease

JA GRIFO, J JEREMIAS, WJ LEDGER, SS WITKIN (New York, USA). *Am J Obstet Gynecol* 1989;160:26-30.

### Reiter's syndrome

#### The persistence of *Chlamydia trachomatis* elementary body cell walks in human polymorphonuclear leucocytes and induction of a chemiluminescent response

M ZVILLICH, I SAROV (Beersheba, Israel). *J Gen Microbiol* 1989;135:95-104.

### Candidiasis

#### Mechanisms potentiating candida infections—a review

MA GHANNOUM (Safat, Kuwait). *Mycoses* 1988;31:543-57.

#### Effect of mammalian steroid hormones and luteinizing hormone on the germination of *Candida albicans* and implications for vaginal candidosis

AS SEKHON, AA PADHYE, AK GARG, AH GOWA (Atlanta, USA). *Mycoses* 1988;31:627-31.

#### Tioconazole in the treatment of vaginal candidosis

A SCHAETZING (Tygerberg, South Africa). *Mycoses* 1988;31:584-90.

### Genital herpes

#### Herpes simplex virus latency

EDITORIAL. *Lancet* 1989;ii:194-5.

#### Intra-uterine herpes simplex virus infections

S BALDWIN, RS WHITLEY (Birmingham, USA). *Teratology* 1989;39:1-10.

#### Topical local anaesthetics and herpes simplex

J CASSUTO (Molndal, Sweden). *Lancet* 1989;ii:100-1.

### Genital warts

#### Human papillomavirus infection

KR BEUTNER (Vallejo, USA). *J Am Acad Dermatol* 1989;20:114-23.

#### Prevalence of genital papillomavirus infection among women attending a college student health clinic or a sexually transmitted disease clinic

NB KIVIAT, LA KOUTSKY, JA PAAVONEN (Seattle, USA). *J Infect Dis* 1989;159:293-302.

#### Inter-laboratory variation as an explanation for varying prevalence estimates of human papillomavirus infection

J BRANDSMA, RD BURK, WD LANCASTER, H PFISTER, MH SCHIFFMAN (Bethesda, USA). *Int J Cancer* 1989;43:260-2.

#### The polymerase chain reaction: a new epidemiological tool for investigating cervical human papillomavirus infection

LS YOUNG, IS BEVAN, MA JOHNSON, *et al* (Birmingham, England). *Br Med J* 1989;298:14-7.

#### Detection of IgA antibodies against human papillomavirus in cervical secretions from patients with cervical intraepithelial neoplasia

L DILLNER, Z BEKASSY, N JONSSON, J MORENO-LOPEZ, J BLOMBERG (La Jolla, USA). *Int J Cancer* 1989;43:36-40.

#### Differential effects of human papillomavirus 6, 16, and 18 DNAs on immortalization and transformation of human cervical epithelial cells

G PECORARO, D MORGAN, V DEFENDI (New York, USA). *Proc Natl Acad Sci USA* 1989;86:563-7.

#### Immortalization of human foreskin keratinocytes by various human papillomavirus DNAs corresponds to their association with cervical carcinoma

CD WOODWORTH, J DONIGER, JA DIPAOLO (Bethesda, USA). *J Virol* 1989;63:159-64.

#### Human papillomavirus infection and cervical intraepithelial neoplasia in women with renal allografts

MI ALLOUB, BBB BARR, KM McLAREN, IW SMITH, MH BUNNEY, GE SMART (Edinburgh, Scotland). *Br Med J* 1989;298:153-6.

#### Presence of human papillomavirus type-16 genome in bladder carcinoma in situ of a patient with mild immunodeficiency

T KITAMURA, Y YOGO, T UEKI, S MURAKAMI, Y ASO, (Fukuoka, Japan). *Cancer Res* 1988;48:7207-11.

### Acquired immune deficiency syndrome

#### Special issue on statistical and mathematical modelling of the AIDS epidemic. *Stat Med* 1989;8:1-153.

#### Passive haemagglutination test for detection of antibodies to human immunodeficiency virus type 1 and comparison of test with enzyme-linked immunosorbent assay and western blot (immunoblot) analysis

MB VASUDEVACHARI, KW UFFELMAN, TC MAST, *et al* (Washington, USA). *J Clin Microbiol* 1989;27:179-81.

#### Simultaneous isolation of HIV-1 and HIV-2 from an AIDS patient

LA EVANS, J MOREAU, K ODEHOURI, *et al* (San Francisco, USA). *Lancet* 1988;ii:1389-91.

#### Clinical experience of AIDS in relation to HIV-1 and HIV-2 infection in a rural hospital in Ivory Coast, West Africa

M GODY, SA OUATTARA, G DETHE (Lyon, France). *AIDS* 1988;2:433-6.

#### Heterosexually acquired HIV infection

DCG SKEGG (Dunedin, New Zealand). *Br Med J* 1989;298:401-2.

#### Women and AIDS

C BRADBEER (London, England). *Br Med J* 1989;298:342-3.

#### Risk factors for male to female transmission of HIV

EUROPEAN STUDY GROUP (Paris, France). *Br Med J* 1989;298:411-5.

**HIV infection in patients attending clinics for sexually transmitted diseases in England and Wales**

COLLABORATIVE STUDY GROUP (London, England). *Br Med J* 1989;298:415-8.

**Human immunodeficiency viruses in patients attending a sexually transmitted disease clinic in London, 1982-7**

C LOVEDAY, L POMEROY, IVD WELLER, *et al* (London, England). *Br Med J* 1989;298:419-22.

**Prevalence of HIV antibody in high and low risk groups in England**

PUBLIC HEALTH LABORATORY SERVICE WORKING GROUP (London, England). *Br Med J* 1989;298:422-3.

**Trends in sexual behaviour and risk factors for HIV infection among homosexual men 1984-7**

BA EVANS, KA MCLEAN, SG DAWSON, *et al* (London, England). *Br Med J* 1989;298:215-8.

**Changes in sexual behaviour and the fall in incidence of HIV infection among homosexual men**

GJP VAN GRIENSVEN, EMM DE VROOME, J GOUDSMIT, R COUTINHO (Amsterdam, The Netherlands). *Br Med J* 1989;298:218-21.

**Decline in CD4+ cell numbers reflects increase in HIV-1 replication**

F DE WOLF, M ROOS, JMA LANGE, *et al* (Amsterdam, the Netherlands). *AIDS Res Hum Retrovirus* 1988;4:433-40.

The authors prospectively studied the changes in CD4+ cell numbers in relation to the presence of HIV-1 antigen (HIV-1-Ag) in 261 asymptomatic homosexual men. Of these, 196 had antibody to HIV-1 (HIV-1-Ab) on enrollment, including 38 who were initially antigenaemic and remained so and 24 who became antigenaemic during the study period. The other 65 initially had no HIV-1-Ab but seroconverted during the study, 11 of whom remained persistently antigenaemic. Blood was taken every three months and the samples matched in timing to seroconversion, so that the mean CD4+ cell numbers could be calculated at threemonthly intervals before and after seroconversion, for those with and those without HIV-1-Ag.

In both groups CD4+ numbers fell in the six months before HIV-1-Ab seroconversion, but the drop was more pronounced and did not recover so well in the men with HIV-1-Ag; and the CD4+ numbers continued to fall in these men during the following 30

months. In the men without HIV-1-Ag the CD4+ numbers did not change appreciably. Thus the mean CD4+ cell number at any stage after the appearance of HIV-1-Ab was lower in the antigenaemic group than the HIV-1-Ag negative group.

The interesting aspect of this study is the demonstration that CD4+ cell numbers fall appreciably, but transiently, just before the appearance of HIV-1-Ab. The authors suggest that this may reflect initial HIV-1 replication and subsequent cell death, with release of antigen. It was also interesting to note the relatively high proportion of men in whom HIV-1-Ab appeared but HIV-1-Ag persisted (11/65, 17%), but the authors did not comment on this.

C Thompson

**Predictors of decline in CD4 lymphocytes in a cohort of homosexual men infected with human immunodeficiency virus**

A MUNOZ, V CAREY, AJ SAAH, *et al* (Baltimore, USA). *Journal of Acquired Immune Deficiency Syndromes* 1988;1:396-404.

**Immunological abnormalities in human immunodeficiency virus (HIV)-infected asymptomatic homosexual men—HIV affects the immune system before CD+ T-helper cell depletion occurs**

F MIEDEMA, AJC PETIT, FC TERPSTRA, *et al* (Amsterdam, The Netherlands). *J Clin Invest* 1988;82:1908-14.

**Neopterin estimation compared with the ratio of T-cell subpopulations in persons infected with human immunodeficiency virus-1**

D FUCHS, M BANEKOVICH, A HAUSEN, *et al* (Innsbruck, Austria). *Clin Chem* 1988;34:2415-7.

**The relationship of serum IgA concentration to human immunodeficiency virus (HIV) infection—a cross-sectional study of HIV-seropositive individuals detected by screening in the United States Air Force**

JA FLING, JR FISCHER, RN BOSWELL, MJ RED (Lackland, USA). *J Allergy Clin Immunol* 1988;82:965-70.

Many studies have documented raised serum immunoglobulin concentrations in patients with AIDS. In this study 107 United States Air Force staff with human immunodeficiency virus (HIV) infection were assessed from October 1985 to August 1986, and classified by the Walter Reed staging classification (WR1-6) based on history, physical examination, and laboratory findings. Thirty three patients were WR1 (HIV antibody positive by ELISA and western blot) but asymptomatic, 31 were WR2 (HIV

antibody positive with persistent generalised lymphadenopathy, 12 were WR3 (HIV antibody positive with fewer than 400 CD4 positive cells/cc), five were WR4 (HIV antibody positive with fewer than 400 CD4 positive cells/cc and cutaneous reactivity to only one of four delayed hypersensitivity recall antigens), 14 were WR5 (HIV antibody positive, with fewer than 400 CD4 positive cells/cc and either thrush or complete anergy), and 12 were WR6 (HIV antibody positive, with fewer than 400 CD4 positive cells/cc and an opportunistic infection).

Analysis of the serum immunoglobulin concentrations showed raised IgG in 74 of the 107 patients, with no significant difference between the six WR stages. Serum IgM concentrations were abnormal in nine of 107 patients, and no significant differences were found between the disease stages. On the other hand, the serum IgA concentration was unchanged through WR1-3, increased slightly at WR4, but then rose sharply at WR5 and WR6. All patients in stage WR6 (AIDS) had raised IgA concentrations. The value of serum IgA concentrations to predict the presence of AIDS showed a sensitivity of 100%, specificity of 73%, a positive predictive value of 32%, and a negative predictive value of 100%. The authors conclude that serum IgA concentrations may be a useful variable in assessing patients with HIV infection for evidence of disease progression.

K Shanmugaratnam

**Enzyme abnormalities of patients with acquired immunodeficiency syndrome**

CM HUANG, M RUDELL, RJ ELIN (Bethesda, USA). *Clin Chem* 1988;34:2574-6.

**Neutrophil alkaline phosphatase in AIDS**

J GROZDEA, A BRISSON-LOUGARRE, H VERGNES, *et al* (Toulouse, France). *Acta Haematol* 1988;80:229-30.

**Serum histamine levels in patients with human immunodeficiency virus infection**

S LIOTET, MC MEYOHAS, L BATELLIER, *et al* (Paris, France). *Presse Médicale* 1988;42:2240-6.

**Human herpes virus type-6 (HHV-6) and its in vitro effect on human immunodeficiency virus (HIV)**

GR PIETROBONI, GB HARNETT, TJ FARR, MR BUCENS (Nedlands, Australia). *J Clin Pathol* 1988;41:1310-2.

**Transactivation of human immunodeficiency virus promoter by human herpes virus-6**

RT HORVAT, C WOOD, N BALACHANDRAN (Lawrence, USA). *J Virol* 1989;63:970-3.

- Soluble CD4 blocks the infectivity of diverse strains of HIV and SIV\* for T cells and monocytes but not for brain and muscle cells**  
PR CLAPHAM, JN WEBER, D WHITBY, *et al* (London, England). *Nature* 1989;337:368-70.
- Human eosinophils express CD4 protein and bind human immunodeficiency virus I gp120**  
DR LUCEY, DI DORSKY, A NICHOLSON-WELLER, PF WELLER (Lackland, USA). *J Exp Med* 1989;169:327-32.
- Anti-human immunodeficiency virus type 1 antibody complexes on platelets of seropositive thrombocytopaenic homosexuals and narcotic addicts**  
S KARPATKIN, M NARDI, ET LENNETTE, B BYRNE, B POIESZ (New York, USA). *Proc Natl Acad Sci USA* 1988;85:9763-7.
- Human immunodeficiency virus-associated autoimmune thrombocytopenic purpura—a review**  
L RATNER (St Louis, USA). *Am J Med* 1989;86:194-8.
- Hairy leukoplakia**  
LP SAMARANAYAKE, JJ PINDBORG (Glasgow, Scotland). *Br Med J* 1989;298:270-1.
- Treatment of resistant aphthous ulceration with thalidomide in patients positive for HIV antibody**  
M YOULE, J CLARBOROUGH, C FARTHING, *et al* (London, England). *Br Med J* 1989;298:432.
- Pneumocystis-carinii* pneumonia complicated by lymphadenopathy and pneumothorax**  
S AFESSA, WR GREEN, WA WILLIAMS, *et al* (Washington, USA). *Arch Intern Med* 1988;148:2651-6.
- Nasal continuous positive airway pressure in *Pneumocystis carinii* pneumonia**  
S KESTEN, AS REBUCK (Toronto, Canada). *Lancet* 1988;ii:1414-5.
- Computed tomography of the lungs in acquired immunodeficiency syndrome—an early indicator of interstitial pneumonia**  
H HARTELIUS, J GAUB, LI JENSEN, J JENSEN, V FABER (Copenhagen, Denmark). *Acta Radiologica* 1988;29:641-4.
- Haemophilus-influenzae* pneumonia in young adults with AIDS, ARC or risk of AIDS**  
HT SCHLAMM, SR YANCOVITZ (New York, USA). *Am J Med* 1989;86:11-4.
- Human immunodeficiency virus-related lymphocytic alveolitis**  
JM GUILLON, B AUTRAN, M DENIS, *et al* (Paris, France). *Chest* 1988;94:1264-70.
- Diagnostic implications of Ga-67 chest-scan patterns in human immunodeficiency virus seropositive patients**  
EL KRAMER, JH SANGER, SM GARAY, RJ GROSSMAN, S TIU, H BANNER (New York, USA). *Radiology* 1989;170:671-6.
- Mycobacteria and AIDS mortality**  
RE CHAISSON, PC HOPEWELL (Baltimore, USA). *Am Rev Respir Dis* 1989;139:1-3.
- Characteristics of tuberculosis in HIV-infected patients—a case-control study**  
E SORIANO, J MALLOLAS, JM GATELL, *et al* (Barcelona, Spain). *AIDS* 1988;2:429-32.
- Tuberculosis and human immunodeficiency virus infection**  
RE CHAISSON, G SLUTKIN (Baltimore, USA). *J Infect Dis* 1989;159:96-100.
- The epidemiology of disseminated nontuberculous mycobacterial infection in the acquired immunodeficiency syndrome (AIDS)**  
CR HORSBURGH, RM SELIK (Atlanta, USA). *Am Rev Respir Dis* 1989;139:4-7.
- DNA probes demonstrate a single highly conserved strain of *Mycobacterium avium* infecting AIDS patients**  
SJ HAMPSON, F PORTAELS, J THOMPSON, *et al* (Guildford, England). *Lancet* 1989;i:65-7.
- Prevalence of cardiac abnormalities in human immunodeficiency virus infection**  
WS LEVY, GL SIMON, JC RIOS, AM ROSS (Pennsylvania, USA). *Am J Cardiol* 1989;63:86-9.
- Cardiac involvement in the acquired immune deficiency syndrome**  
RB BESTETTI (Ribeirao Preto, Brazil). *Int J Cardiol* 1989;22:143-6.
- Cardiomyopathy associated with the acquired immune deficiency syndrome**  
HJ KAMINSKI, M KATZMAN, PM WIEST, *et al* (Cleveland, USA). *Journal of Acquired Immune Deficiency Syndromes* 1988;1:105-10.
- The incidence of intra-abdominal surgery in acquired immunodeficiency syndrome—a statistical review of 904 patients**  
RD LARAJA, RE ROTHENBERG, JW ODOM, SC MUELLER (New York, USA). *Surgery* 1989;105:175-9.
- Sclerosing cholangitis in acquired immunodeficiency syndrome. Case reports and review of the literature**  
JF DOWSETT, R MILLER, R DAVIDSON, *et al* (London, England). *Scand J Gastroenterol* 1988;23:1267-74.
- Cytomegaloviral and cryptosporidial cholecystitis in two patients with AIDS**  
K HINNANT, A SCHWARTZ, H ROTTERDAM, C RUDSKI (New York, USA). *Am J Surg Pathol* 1989;13:57-60.
- Cytomegalovirus infection of the laryngeal nerve presenting as hoarseness in patients with acquired immunodeficiency syndrome**  
PM SMALL, LW MCPHAUL, CD SOOY, CB WOFSEY, MA JACOBSON (San Francisco, USA). *Am J Med* 1989;86:108-10.
- Cytomegalovirus retinitis and acquired immunodeficiency syndrome**  
DA JABS, C ENGER, JG BARTLETT (Baltimore, USA). *Arch Ophthalmol* 1989;107:75-80.
- Acute myeloradiculitis due to cytomegalovirus as the initial manifestation of AIDS**  
F MAHIEUX, F GRAY, G FENELON, *et al* (Paris, France). *J Neurol Neurosurg Psychiatry* 1989;52:270-3.
- Progressive disease due to ganciclovir-resistant cytomegalovirus in immunocompromised patients**  
A ERICE, S CHOU, KK BIRON, SC STANAT, HH BALFOUR JR, MC JORDAN (Minneapolis, USA). *N Engl J Med* 1989;320:289-92.
- Acyclovir-resistant herpes simplex virus infections in patients with the acquired immunodeficiency syndrome**  
KS ERLICH, J MILLS, P CHATIS, *et al* (San Francisco, USA). *N Engl J Med* 1989;320:293-6.
- Evidence for HIV-related nephropathy: a clinico-pathological study**  
A SONI, A AGARWAL, P CHANDER, *et al* (New York, USA). *Clin Nephrol* 1989;31:12-7.
- Endocrine complications of the acquired immunodeficiency syndrome**  
DC ARON (Cleveland, USA). *Arch Intern Med* 1989;149:330-7.
- Mineralocorticoid deficiency in HIV infection**  
RJC GUY, Y TURBERG, RN DAVIDSON, G FINNERTY, GA MACGREGOR, PH WISE (London, England). *Br Med J* 1989;298:496-7.
- Neuropathology of the brain in HIV infection**  
PL LANTOS, JE McLAUGHLIN, CL SCHOLTZ, CL BERRY, JR TIGHE (London, England). *Lancet* 1989;ii:309-10.
- Neuropsychological and neurological function of human immunodeficiency virus seropositive asymptomatic individuals**  
KE GOETHE, JE MITCHELL, DW MARSHALL, *et al* (Lackland, USA). *Arch Neurol* 1989;46:129-33.

# Human immunodeficiency virus type II infection discovered during dementia in a French male homosexual

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### Genitourinary bacteriology

#### Prevalence of hydrogen peroxide-producing *Lactobacillus* species in normal women and women with bacterial vaginosis

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#### HIV counseling and testing: does it work?

W CATES JR, HH HANDSFIELD (Atlanta, USA). *Am J Public Health* 1988;78:1533-4.

#### Impact of HIV antibody testing on changes in sexual behaviour among homosexual men in the Netherlands

GJP VAN GRIENSVEN, EMM DE BROOME, RAP TIELMAN, *et al* (Amsterdam, the Netherlands). *Am J Public Health* 1988;78:1575-7.

#### Selected public health observations derived from the multicenter AIDS cohort study

HM GINZBURG, PL FLEMING, KD MILLER (Bethesda, USA). *Journal of the Acquired Immune Deficiency Syndrome* 1988;1:2-7.

### Miscellaneous

#### Detection of sexually transmitted diseases by urethral cytology, the ignored male counterpart of cervical cytology

G GIACOMINI, G BIANCHI, D MORETTI (Pisa, Italy). *Acta Cytol* 1989;33:11-6.

This study was prompted by the observation that cervical cytology may show not only neoplasia, but also sexually transmissible diseases such as genital warts or trichomoniasis. The authors wished to assess whether

urethral cytology in men yielded similar diagnostic information. They examined 270 men, of whom 71 were referred with "urethral disturbances", 33 were from an infertility clinic, 53 were partners of women with genital infection, 22 possibly had Reiter's syndrome, and 91 were infected with human immunodeficiency virus (HIV). Using a swab specifically designed for sampling the urethra, smears were prepared for wet mounting in saline, chlamydial detection by immunofluorescence, Gram staining, methylene blue staining, and Papanicolaou staining. A wide variety of cytoplasmic and nuclear abnormalities was sought by the cytologist, who was apparently not blinded to the results of the microbiological tests. Eighty five (32%) patients had normal urethral cytology results, 80 (30%) showed a "non-specific reaction", 51 (19%) showed a pattern consistent with chlamydial infection, 20 (7%) showed evidence of human papillomavirus (HPV) infection, and a few had trichomoniasis or gonococcal and herpetic urethritis. No information was given as to which groups of patients had normal or abnormal cytology results, and no comparison was made between cytology and the other diagnostic methods such as immunofluorescence.

This study therefore gives insufficient information on which to assess the role of urethral cytology in men. The role is likely to be limited, however, as the exclusion of urethral cancer is of less importance than the exclusion of cervical cancer in women, for which cervical cytology is routinely used. The detection of symptomless HPV infection of the urethra might be of benefit, however, and a blinded comparison between detecting chlamydiae and cytological abnormalities would be a logical sequel.

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#### Peyronie's disease

JC GINGELL, KM DESAI (Bristol, England). *Br Med J* 1988;297:1489-90.

#### Vulvodynia: a multifactorial clinical problem

M MCKAY (Atlanta, USA). *Arch Dermatol* 1989;125:256-62.

#### Significance of the Argyll Robertson pupil in clinical medicine

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